

Verification of Child Support Payments

(Name of Public Housing Participating Jurisdiction)
Housing Authority of the City of Eastman



AUTHORIZATION: Federal Regulations require us to verify Child Support Payments made to all members of the household applying for participation in the PUBLIC HOUSING Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name of Person Paying Child Support:

Address of Person Paying Child Support:

Support is for • his • her children.

Name(s) of children being supported:

Amount of support:

\$ _____

___ Week ___ Month ___ Year

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant/Resident)

Date: _____

Or a copy of the executed "Public Housing Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

(Signature of Authorized Representative)

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.